

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	Load-Resistant Coaxial Transmission Line																				
Application Number : Date : First Named Applicant: Mr. David R. Hall Attorney Docket Number: 66.0008																					
TOTAL FEE AUTHORIZED \$ 750 Patent fees are subject to annual revisions on or about October 1st of each year.																					
Filing as large entity BASIC FILING FEE																					
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>750</td><td>750</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 750</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	750	750	Subtotal For Basic Filing Fees: \$ 750											
Fee Description	Fee Code	Amount \$	Fee Paid \$																		
Utility Filing Fee	1001	750	750																		
Subtotal For Basic Filing Fees: \$ 750																					
EXTRA CLAIM FEES																					
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 18</td><td>0</td><td>1202</td><td>18</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>1201</td><td>84</td><td>0</td></tr><tr><td colspan="5">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>		Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 18	0	1202	18	0	Independent Claims : 1	0	1201	84	0	Subtotal For Extra Claims Fees: \$ 0				
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																	
Total Claims : 18	0	1202	18	0																	
Independent Claims : 1	0	1201	84	0																	
Subtotal For Extra Claims Fees: \$ 0																					
AUTHORIZED BILLING INFORMATION The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit account number: 180584 Access Code **** Deposit name: Reed Tool Co. Deposit authorized name: Jeffrey E. Daly Signature: Jeffrey E. Daly Date (YYYYMMDD): 2003-09-25 Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																					